

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M.G.		7/5/00
O.I.P.E. CLASSIFIER	MTN	50	7/22/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	54573		5-27-00

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ..... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	04/27/00
2	✓	✓	04/27/00
3	✓	✓	04/27/00
4	✓	✓	04/27/00
5	✓	✓	04/27/00
6	✓	✓	04/27/00
7	✓	✓	04/27/00
8	0	✓	04/27/00
9	✓	✓	04/27/00
10	✓	✓	04/27/00
11	✓	✓	04/27/00
12	0	✓	04/27/00
13	✓	✓	04/27/00
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20	✓	✓	04/27/00
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37	✓	✓	04/27/00
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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